

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033973

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

389

Primary Registration District No.

5173

Registrar's No.

11

FILED OCT 15 1962

1. PLACE OF DEATH

a. COUNTY CALLAWAY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN HOLT SUMMIT, MO.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION STEPPLEMAN SUBDIVISIONInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI COUNTY CALLAWAY

c. CITY OR TOWN HOLT SUMMIT MO.

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
STEPPLEMAN SUBDIVISIONReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

RAYMOND HERMAN STROPE

4. DATE OF DEATH

Month

Day

Year

OCT. 3, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/19/32

9. AGE (last birthday)

29

IF UNDER 1 YEAR

Months 11 Days 14

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
De Long's Inc.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
St Thomas, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Elde Strobe

13b. MOTHER'S MAIDEN NAME

Cecelia Fennwald

14. NAME OF HUSBAND OR WIFE

Mary Catherine Strobe

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes Korean

16. SOCIAL SECURITY NO.

95

17. INFORMANT

MARY CATHERINE STROPE

Address HOLT SUMMIT, MO

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gunshot wound in chest, self inflicted

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____, and last saw her alive on _____.
Death occurred at _____ 7 AM _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Denzil C. Browning, coroner

22b. ADDRESS

Holt, Missouri

22c. DATE SIGNED

10-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

10/6/62

23c. NAME OF CEMETERY OR CREMATORY

Resurrection

23d. LOCATION (City, town, or county)

Jefferson City, Mo.

24. FUNERAL DIRECTOR

Lester Dulle

ADDRESS

J C MO.

25. DATE RECD. BY LOCAL REG.

Oct 11-1962

26. REGISTRAR'S SIGNATURE

L. Ray Claypoore

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

0140

8140

3

4 0

5 1

6

7 0

8 2

9 976X

10

11

12 90-3

13 2-0

OCT 16 1962

OCT 26 1962

OCT 18 1962

NOV 20 1962

APR 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Sylvester Quill

Licensed Embalmer No. 4381

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.